



A Study on Public Perception Towards Reproductive Care Services in Health Care Facilities in Kerala, India

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ABSTRACT

Objectives: The objective of the study is to understand and explore the beneficiaries' perceptions regarding reproductive health care services in Thrissur.

Methods: A predesigned in-depth interview guide were prepared to collect the data for the qualitative cross-sectional study. Data collected in two-phase, in the first phase data collected from the 15 reproductive beneficiaries in the private hospitals and in second phase data collected from the 13 public hospital beneficiaries identified from the community level, those who recently utilized the public hospitals.

Results: The significant problems by private hospital beneficiaries towards government hospitals are the lousy behavior of the medical staff and cleanliness. However, Public hospital beneficiaries are satisfied with the services and treatments provided. The primary concerns by the private hospital beneficiaries towards the public hospitals are contradicting in the present reality and major problems concerned towards public hospitals are not seen

Conclusion: Both private and government hospitals in Thrissur providing excellent services in reproductive cases. Public hospitals have various limitations, such as less infrastructure, workforce, and technical availability. However, within limits, public hospitals are delivering an excellent service in recent times.

Key Words: Patient satisfaction, Private hospitals, Public hospitals

INTRODUCTION

Reproductive health is defined as "A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters related to the reproductive system and its functions and process." Reproductive health services aimed to address the functions and reproductive stages at all life cycles to have a secure sex life. Men and women have the right to choose contraceptive methods in terms of secure, efficient, affordability, and acceptability. Safe pregnancy and childbirth can be achieved through the accessibility of effective reproductive care services. ¹ The economically productive age group of 15-24 are abundant in India, but the reproductive and sexual health needs of the youth are less researched or addressed appropriately. ² Hospitals are an integral part of society intending to deliver comprehensive health services in terms of curative and preventive. ³

Skilled birth attendance has increased globally, from the fifty-eight percentage in 1990 to seventy-three percentage in 2013. The facility-based childbirths approach was the primary reason to improve skilled birth attendance. Evidence indicates that skilled birth attendance is not sufficient to reduce the IMR and MMR and the health morbidities. In high-income countries, the lifetime risk for the MMR is only one in three thousand, but at the same time in the low-income countries, it shows one in forty-one times. Poor care and treatment provided in the health facilities lead to the death of the mother and newborn. Maternal and newborn deaths and morbidities reduce only by the effective delivery of quality health services. ⁴ According to the 2017 report of India Brand Equity Foundation, the Indian health care system composed to grow very fast to reach \$280 billion by 2020 and \$372 billion by 2022. ⁵ Indian health care system consists of the involvement of both private and public health care delivery.

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Kerala is one of the states where health indicators are performing well than the national average. NFHS 4 report shows that institutional deliveries conducted in Thrissur district are 100%, but only 34% conducted in public sectors, and 66% are in the private sectors. ⁶ According to the DLHS 4 report, in the year of 2012-13, institutional deliveries conducted in the public hospital were 28%, and the private hospital was 72%. ⁷ Compare to the DLHS 4 and NFHS 4 reports, 8% of the rise in the utilization of the public hospitals for reproductive services. The average out of pocket amount for institutional delivery in public hospitals is 5,053. Private hospitals are charging a high amount of money for reproductive services. Institutional deliveries in government hospitals can reduce the out of pocket money of the beneficiaries. The objective of the study is to understand and explore the beneficiaries' perceptions regarding reproductive health care services in Thrissur. Related to the expected outcome of the study will help to find out the factors that influencing people to obtain reproductive services from the private hospital rather than a government hospital.

MATERIALS AND METHODS

A qualitative cross-sectional study was carried using a pre-designed structured interview guide. Ethical clearance of the study was obtained from the Institutional Ethics Committee, Kasturba Medical College, and Kasturba Hospital, Manipal (IEC: 765/018). The project was registered in Clinical Trial Registration of India (CTRI/2019/01/017017). The data collection carried out in two different phases. In the first phase, the data collected among the beneficiaries utilized the reproductive services from the two major private hospitals in Thrissur, Kerala. Respondents included are antenatal care and postnatal care beneficiaries from private hospitals. In the second phase of the study, beneficiaries consumed reproductive services within the last six months of periods are identified and included from the community level.

Respondents are included after obtaining written consent, and two different structured interview guides is developed for both private and public hospital beneficiaries. The questionnaire is developed based on the previous literature review. A structured interview guide included necessary demographic details and other domains. Domains were focusing on getting the perception of participants towards the different health delivery systems for reproductive services. The socio-demographic details included; gender, age of the beneficiary, religion, education of beneficiary, education of partner, occupation of the beneficiary, occupation of a partner, and annual income.

Respondents included in the study area, 15 from the private hospitals, and 13 from the public hospitals. Data got saturated after these interviews. Out of 28 participants, the majority of beneficiaries have belonged in the mean age of 25.54 ± 2.12 . Annual income for the private hospital beneficiaries was 3.6 ± 1.65 lakhs, and annual income for the public hospital beneficiaries was $1.55 \pm .54$ lakhs. Codes, code groups, and themes are developed using Atlas.ti 8 software.

1. Perception towards a private hospital

Opinion about private hospital

Private hospital beneficiaries are satisfied with the reproductive services provided in private hospitals. Building a good doctor-patient relationship is the primary quality in the private hospital. The private hospital contains all the facilities required for reproductive services, such as lab and scanning facility, the ability to handle any emergency case, immediate service of the other medical professionals. Accessibility of all the services under a roof is another factor.

Respondent 1: "We are satisfied with this hospital. Overall facilities are good in this hospital. Services provided by the doctors and nurses are the important thing, as well as the other facilities in the hospital are good. All facilities are available in the same building, no need to go outside for any other thing".

Reasons to choose private

Suggestions from the family members are the primary deciding factor for adopting a hospital for reproductive treatment. Public hospitals are not a better option for reproductive services, according to older adults in the family. Couples are more conscious about the consequences that can happen in the family if something unusual happens during the pregnancy if avail of the treatment from the public sectors. Other participants believe that only private hospitals can provide proper care during pregnancy. As it is dealing with the life of two persons, couples do not want to take any risk because of getting the treatment from the government hospitals. Out of 15 private hospital respondents, one of the respondents mentioned that significant reasons to choose the private hospital are to utilize the ESI service. One of the private hospital in my study providing the ESI service. The respondent wanted to utilize the ESI services and also they can access excellent reproductive services.

Respondent 2: This hospital is suggested by the family members; according to the private hospitals, provide proper care and service. That is why we choose this hospital".

Respondent 3: "ESI was applicable only in private hospitals. In Thrissur, out of 3 ESI acceptable private hospital, this hospital is one of that".

RESULTS

Limitations in private hospital

The only issue mentioned by the private hospital beneficiaries is an appointment timing issue. Patients do not want to spend much time in hospitals. The working respondents have mentioned this point; these respondents were workers and taken half day leave to consult the doctors.

Respondent 4: Consulting doctor in the appointment time is severe, take much more time to see a doctor. If my appointment time is 10.30 am I may see the doctor at 11.15 or 11.30 am. This is my second visit to this hospital. Also, I am working in an agency. I just took half day permission to consult the doctor, and I need going to my work”.

Reasons for not availing government facility

The primary reason they stated was the bad behavior of the medical doctors and the nurse. According to the public hospital, doctors are less interactive and will not give many instructions. A doctor-patient relationship is not seen in public hospitals. Most of the time doctors ask the pregnant women to visit the nurses’ room for the regular round checkups. Not only the behavior of the medical doctors is concerned, the behavior of the nurses also. Nurses behave rudely towards the patients as well as bystanders. They are very irresponsible towards the work they have assigned to do.

Respondent 5: “Doctors do not come for the rounds; pregnant ladies have to walk to the nurse’s room for the checkup and all. Why they cannot come there and do the checkups. The behavior of nurses is not good. They think we are here for free treatment, so whatever they give, we will adjust. Doctors also less interactive; they will be full busy always. No many interactions”.

Another most critical factor is cleanliness in hospital settings. The toilets and postnatal wards are unhygienic. Proper regular cleaning does not happen in hospitals. Hospitals with old buildings make unhygienic.

Respondent 6: “Government hospitals are less hygienic. Common bathrooms for all types of patients, how can a pregnant mother use those types of bathrooms? It is not safe at all”.

Public hospital doctors show partiality towards the patients visited in the doctor’s private clinic. Government hospitals are always in a massive rush. Because of the rush waiting time to consult a doctor, payment of any bills, lab examinations, and all procedures in the hospital takes much more time.

Respondent 7: “Doctors in government hospital shows some kind partiality to the patients he treats his clinics. Those who are visiting the clinics give a good amount of money to the doctor for better services, why we want to give money, so if we spend some more additional money in the private hospital, we will get much more care”. Hospitals are always in a

huge rush, and it takes more time for all the things to do in the hospital. We cannot spend a full day in the hospital because of the rush.”.

In Thrissur district hospital, an ultrasound scanning facility is not available. Doctor referring the patients to the outside labs.

Respondent 8: “General hospitals do not have any scanning facility; doctors will refer to the outside specific labs. This is difficult for us; after visiting the doctor only for the scanning procedure again, we need to outside”.

2. Perception about government hospital facility

Reasons to choose government facility

Two essential factors influenced to utilize the public hospital are services of qualified doctors and economic benefits.

Respondent 9: “First delivery also conducted in a government hospital. Mainly we will get smarter and more qualified doctor’s treatment and its economic more benefits, that is why we went there for the delivery”.

Evaluating the facilities

Public hospitals are providing good services in reproductive cases. Hospital surroundings are keeping hygienic, medical staff building a positive relationship with patients. A doctor’s frequent visits and care by the nurses are also important. Nutritional supply to the mother is also available in public hospitals. All services are delivered with less amount of money, and hence it is highly economic benefits for the reproductive beneficiaries.

Respondent 10: “In recent times, government hospitals are changed drastically. My son’s first delivery was in the same government hospital, compare to that giving more facilities now. Hygiene, treatment, the behavior of doctors and nurses, caring for everything improved. After delivery, the mother is getting nutritional supplementation also”.

Limitations in a government hospital

Less room availability and unavailability of scanning facilities in the district hospital are significant limitations.

Respondent 11: “Room facilities are less in the hospitals, to get a room in the hospitals is difficult. As we took service from the general hospital, in the general hospital, the scanning facility was not available. Scanning has to be done from the outside labs, leads to more expenditure”.

Public hospital beneficiaries also mentioned about the issues in the private practice of the doctors. Most of the public hospital beneficiaries included in the study were consulted the doctor in their private clinic and gave an extra amount of money for better care in public hospitals. The handling of severe emergency cases in general hospitals is delicate.

Respondent 12: "In general, hospital handling, the emergency is a problem I think, in most of the emergency, the cases will be a shift to the government medical colleges."

DISCUSSION

The study revealed that the perception of private hospital beneficiaries towards public hospitals is opposing. The significant limitations in the public hospitals mentioned by private hospital beneficiaries are the terrible behavior of the doctors and nurses, and cleanliness. However, the study found that private hospital beneficiaries' perceptions are based on the services provided in the government hospitals in past times. However, according to the public hospital beneficiaries, the hospitals performing well in terms of the behavior of the medical staffs' hygiene and hospitals have gone through significant developments. Hospitals are delivering proper care and treatment for reproductive cases with less expense.

All patients admitted in private hospitals are reported high-level satisfaction with the services provided by the medical staff and other services such as hygiene in the hospital environment, service of the pharmacy department, and delivery of food and catering.⁸ This study also concluded that private hospital beneficiaries are satisfied with the hospital in terms of the behavior of the medical staff, hygiene, easy accessibility, and all the facilities provided. A large number of respondents were highly satisfied with the treatment and services provided in the government hospital. Also found that doctors are building a good doctor-patient relationship in the public hospital.⁴ The current study found the same results that government hospital reproductive patients are satisfied with the treatment and services delivering and doctors are interactive to the patients to reduce the psychological stress.

Public hospitals are performing well in the technical dimensions such as clinical procedure, quality of outcomes, information availability, trustworthiness, and patient safety.⁹ Most of the private hospital beneficiaries wishes to utilize the reproductive services from the public hospitals, but due to such limitations in the hospitals, family members are pressurizing the couples to adopt the private hospitals for reproductive care.

During the data collection period, most of the respondents were not allowed for audio recordings. As the study is in a qualitative method, each point mention by the respondents is valid. Data was noted in the notebook and segregated finally. There may be a chance to miss valuable information.

None of the studies are carried out in Kerala to identify the people's perception of reproductive services in private and public hospitals. This study revealed the major factors influencing people to adopt hospitals for reproductive services.

The study found the qualities and limitations of private and public hospitals. Stakeholders from both hospitals can take initiatives to improve service quality, especially for government hospitals. Public hospitals have more limitations than private hospitals, which require improvements to increase the utilization of the hospital for the reproductive service. During the data collection period, most of the respondents were not allowed for audio recordings. As the study is in a qualitative method, each point mention by the respondents is valid. Data was noted in the notebook and segregated finally. There may be a chance to miss valuable information. People assume that only private hospitals can provide a quality of care in reproductive cases. Public hospitals are delivering poor quality reproductive treatment and services, and hospital surroundings are less hygienic.

This study revealed that both private and government hospitals in Thrissur were providing a good services in reproductive cases. Beneficiaries from both hospitals are satisfied with the services. People's needs and expectations about the reproductive health care services are met from both hospitals and patients were satisfied. Public hospitals have various limitations, such as less infrastructure, workforce, and technical availability. However, within limits, public hospitals are delivering a good service. Improvements in the government hospital facilities will raise the utilization of the hospital. Private hospitals are more advanced in the technical aspects of the treatment and focused on the quality of the services. The study revealed that non-public hospital beneficiaries' perception of hospitals is not valid in reality. The perception is based on previous experience or responds from the other family members or friends. During the data collection period, most of the respondents were not allowed for audio recordings. As the study is in a qualitative method, each point mention by the respondents is valid. Data was noted in the notebook and segregated finally. There may be a chance to miss valuable information. The study will help to analyze the significant limitations in the public hospitals and stakeholders can take initiatives to improve the facilities in public hospitals.

CONCLUSION

The study on public perception towards reproductive care services in health care facilities in Thrissur, Kerala, reveals several critical insights into the beneficiaries' experiences and opinions. The research found that both private and government hospitals are perceived to provide satisfactory reproductive health services, though each type of facility has its distinct strengths and limitations.

Private hospitals are highly regarded for their comprehensive facilities, immediate availability of services, and strong doctor-patient relationships. Beneficiaries appreciate the ac-

cessibility and convenience of having all necessary services under one roof, as well as the professional and attentive behavior of the medical staff. However, the primary drawbacks include the longer waiting times and higher costs associated with private hospital care. Conversely, public hospitals are valued for their qualified medical staff and economic benefits. Respondents reported improvements in the behavior of medical staff and the overall cleanliness of the hospital environment. Despite these positive perceptions, significant limitations persist, such as insufficient infrastructure, limited room availability, and the lack of essential facilities like ultrasound scanning within the hospital premises. Additionally, the public hospital system is often perceived as being overburdened, leading to longer waiting times and less personalized care. The study highlights a disparity between the perceived and actual quality of care in public hospitals. Private hospital beneficiaries often base their opinions on outdated or second-hand information, which does not accurately reflect recent improvements in public hospital services. This perception gap suggests a need for better communication and public awareness campaigns to update the community on the enhancements in public healthcare facilities.

Ultimately, the findings emphasize the importance of ongoing efforts to improve public hospital infrastructure and services. By addressing the current limitations, public hospitals can increase their utilization and provide a more viable option for reproductive health care. Additionally, this study underscores the value of both types of health care facilities in meeting the diverse needs and expectations of patients in Thrissur.

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